

PERSONAL FINANCIAL DISCLOSURE

"TIER 1"

LSA-R.S. 42:1124

☒ ORIGINAL REPORT

☐ AMENDED REPORT

This Report Covers Calendar Year 2009

☐ I hold an office that would require a filing under Tier 2, Tier 2.1 or Tier 3. If this box is checked, filer must complete Schedule K.

Full Name of Filer: Cathryn Caroline Fayard

Residence Address: 1303 Nashville Avenue

Street

New Orleans

City

LA

State

Apt. #

70015

Zip Code

Public Office Held or Position Sought Lieutenant Governor

Date of Election 10/2/10 prim 11/2/10 gen

Date of Qualifying 7/9/2010

Full Name of Spouse: N/A

Spouse's Occupation:

Principal Business Address of Spouse:

Street

Suite #

City

State

Zip Code

Select One:

☐ (A) I certify that I have filed my federal income tax return for the previous year.

☒ (A) I certify that I have filed for an extension of my federal income tax return for the previous year.

Select One:

☐ (B) I certify that I have filed my state income tax return for the previous year.

☒ (B) I certify that I have filed for an extension of my state income tax return for the previous year.

OR

☐ I certify that I have not filed my federal or state income tax return for the previous year as the returns are not due as of the date of qualifying.

CERTIFICATION OF ACCURACY

I do hereby certify that the information contained in this personal financial disclosure form is true and correct to the best of my knowledge, information, and belief.

Signature of Filer

Sworn to and subscribed before me

this 19 day of July, 2010.

Notary Public

Printed Name:

GALVIN C. PAYARD III

ID#



NOTARY PUBLIC
STATE OF LOUISIANA
Bar no. 31483

My commission is for Life

**SCHEDULE A
EMPLOYMENT INFORMATION**

☐ Check if Not Applicable

Please disclose the name of the employer, job title, a brief description of the job description for each full-time or part-time employment position held by the individual or spouse.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse Employer Name Self _____ Job Description Attorney _____	<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time Job Title Attorney at Law _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Employer Name _____ Job Description _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Job Title _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Employer Name _____ Job Description _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Job Title _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Employer Name _____ Job Description _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Job Title _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Employer Name _____ Job Description _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Job Title _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Employer Name _____ Job Description _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Job Title _____

SCHEDULE B POSITIONS - BUSINESS

☐ Check if Not Applicable

The name, address, brief description, nature of association, and the amount of interest in each business in which you or your spouse is a director, officer, owner, partner, member, or trustee, OR in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business.

Note: For this page ONLY, the "amount of interest" must be reported as a percentage figure.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Business <u>Imperial Properties, LLC</u> Address <u>P.O. Box 458</u> <u> </u> Street <u>Springfield</u> <u> </u> City Business Description <u>Real Estate</u> Nature of Association <u>Member/Manager</u>	Amount of Interest <u>20</u> %
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Business <u>Felyard Investment Group, LLC</u> Address <u>1310 Arabella Street</u> <u> </u> Street <u>New Orleans</u> <u> </u> City Business Description <u>Business Investment company</u> Nature of Association <u>Member/Manager</u>	Amount of Interest <u>33.33</u> %
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Business <u>Arbor Towne, LLC</u> Address <u>P.O. Box 458</u> <u> </u> Street <u>New Orleans</u> <u> </u> City Business Description <u>Real Estate Holding Company</u> Nature of Association <u>member/manager</u>	Amount of Interest <u>100</u> %

SCHEDULE B POSITIONS - BUSINESS

☐ Check if Not Applicable

The name, address, brief description, nature of association, and the amount of interest in each business in which you or your spouse is a director, officer, owner, partner, member, or trustee, OR in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business.

Note: For this page ONLY, the "amount of interest" must be reported as a percentage figure.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Business <u>Regional Properties, LLC</u> Address <u>P.O. Box 458</u> <u> </u> Street <u>Springfield</u> <u> </u> City Business Description <u>Real Estate</u> Nature of Association <u>member</u>	Amount of Interest <u>33.33</u> %
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Business <u>Regional Properties One, LLC</u> Address <u>P.O. Box 458</u> <u> </u> Street <u>Springfield</u> <u> </u> City Business Description <u>Real Estate</u> Nature of Association <u>Member</u>	Amount of Interest <u>20</u> %
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Business <u>Andante LLC</u> Address <u>P.O. Box 458</u> <u> </u> Street <u>Springfield</u> <u> </u> City Business Description <u>Real Estate</u> Nature of Association <u>Member</u>	Amount of Interest <u>33.33</u> %

SCHEDULE B POSITIONS - BUSINESS

☐ Check if Not Applicable

The name, address, brief description, nature of association, and the amount of interest in each business in which you or your spouse is a director, officer, owner, partner, member, or trustee, OR in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business.

Note: For this page ONLY, the "amount of interest" must be reported as a percentage figure.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Business <u>Main & Vine LLC</u> Address <u>P.O. Box 458</u> <u> </u> Street <u>Springfield</u> City <u> </u> Business Description <u>Real Estate</u> Nature of Association <u>Member</u>	Amount of Interest <u>33.33</u> % <u> </u> Suite # <u>LA</u> <u>70462</u> State Zip Code
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Business <u>Mulberry Creek LLC</u> Address <u>P.O. Box 458</u> <u> </u> Street <u>Springfield</u> City <u> </u> Business Description <u>Real Estate</u> Nature of Association <u>Member</u>	Amount of Interest <u>33.33</u> % <u> </u> Suite # <u>LA</u> <u>70462</u> State Zip Code
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Business _____ Address _____ _____ Street _____ City _____ Business Description _____ Nature of Association _____	Amount of Interest _____ % _____ Suite # _____ State Zip Code

**SCHEDULE C
POSITIONS - NONPROFIT**

☐ Check if Not Applicable

The name, address, brief description of, and nature of association with a nonprofit organization in which you or your spouse is a director or officer.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse	
Name of Organization <u>Louisiana Appleseed</u>	Nature of Association <u>Treasurer</u>
Address <u>909 Poydras Street Suite 1550</u>	
Street	Suite #
<u>New Orleans</u>	<u>LA</u> <u>70112</u>
City	State Zip Code
Organization Description <u>Non-profit network of 16 public interest justice centers in US and Mexico.</u>	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse	
Name of Organization _____	Nature of Association _____
Address _____	
Street	Suite #
City	State Zip Code
Organization Description _____	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse	
Name of Organization _____	Nature of Association _____
Address _____	
Street	Suite #
City	State Zip Code
Organization Description _____	

SCHEDULE D
INCOME FROM THE STATE, POLITICAL SUBDIVISIONS,
AND/OR GAMING INTERESTS

☐ Check if Not Applicable

The name, address, type, and amount of each source of income received by you or your spouse, or by any business in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business, which is received from any of the following:

- the state or any political subdivision (see instructions for examples) as defined in Article VI of the Constitution of Louisiana;
- services performed for or in connection with a gaming interest as defined in R.S. 18:1505.2L(3)(a).

Note: For this page ONLY, the "amount of income" must be reported as an exact dollar figure.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business Name of Business, if applicable <u>Paxtor, Inc.</u> Name of Source of Income <u>Video Poker/ Truckstop Investment</u> Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input checked="" type="checkbox"/> Gaming Interest Address <u>19354 Hwy 190</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>Street</u> <u>Hammond</u> <u>City</u> </div> <div style="width: 45%;"> <u>Louisiana</u> <u>State</u> </div> <div style="width: 10%;"> <u>Suite #</u> <u>70401</u> </div> <div style="width: 10%;"> <u>Zip Code</u> </div> </div>	Amount of Income \$ <u>7,829.18</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business Name of Business, if applicable <u>Safari Investments, LLC</u> Name of Source of Income <u>Video Poker/ Truckstop Investment</u> Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input checked="" type="checkbox"/> Gaming Interest Address <u>110 N. Oak Street</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>Street</u> <u>Hammond</u> <u>City</u> </div> <div style="width: 45%;"> <u>LA</u> <u>State</u> </div> <div style="width: 10%;"> <u>Suite #</u> <u>70401</u> </div> <div style="width: 10%;"> <u>Zip Code</u> </div> </div>	Amount of Income \$ <u>24,118.36</u>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business Name of Business, if applicable _____ Name of Source of Income _____ Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest Address _____ <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>Street</u> <u>City</u> </div> <div style="width: 45%;"> <u>State</u> </div> <div style="width: 10%;"> <u>Suite #</u> </div> <div style="width: 10%;"> <u>Zip Code</u> </div> </div>	Amount of Income \$ _____

SCHEDULE E INCOME

☐ Check if Not Applicable

The name, address, type, nature of services rendered, and amount of each source of income in excess of \$1,000 received by you or your spouse.

NOTE: If the income is derived from professional or consulting services and the disclosure of the name or address of the source of income is prohibited by law or by professional code, such income should be disclosed on Schedule F.

DO NOT include income derived from child support and alimony payments contained in a court order OR from disability payments from any source. **INCOME SHALL BE REPORTED BY CATEGORY.**

DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULE D.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse	I II III IV V VI Amount of Income: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Source of Income <u>Loyola University College of Law</u>	Type: <u>salary</u>
Address <u>7214 St. Charles Ave. Box 901</u>	
Street	Suite #
<u>New Orleans</u>	<u>LA</u>
City	State
Nature of Services Rendered	Zip Code
<u>Law Instructor</u>	

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse	I II III IV V VI Amount of Income: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Source of Income <u>Calvin C. Fayard, APC</u>	Type: <u>wages</u>
Address <u>P.O. Box 458</u>	
Street	Suite #
<u>Springfield</u>	<u>LA</u>
City	State
Nature of Services Rendered	Zip Code
<u>Contract Attorney</u>	

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse	I II III IV V VI Amount of Income: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Source of Income _____	Type: _____
Address _____	
Street	Suite #
City	State
Nature of Services Rendered	Zip Code

SCHEDULE F
INCOME FROM CERTAIN PROFESSIONAL OR CONSULTING SERVICES

☒ Check if no income was received from professional or consulting services for which the disclosure of the name or address of the source of income is prohibited by law or by professional code.

For income derived from professional or consulting services, including mental health, medical health, or legal services, when the disclosure of the name or address of the source of income is prohibited by law or by professional code, report the number of clients and amount of income for the applicable industry types below. **INCOME SHALL BE REPORTED BY CATEGORY.**

Industry Type	# of Clients	Amount	Individual, Spouse or Both
D-1 UTILITIES		I II III IV V VI	
Electric		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Gas		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Telephone		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Water		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Cable television companies		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
D-2 TRANSPORTATION		I II III IV V VI	
Intrastate companies		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Pipeline companies		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Oil and gas exploration		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Oil and gas production		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Oil and gas retailers		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
D-3 FINANCE AND INSURANCE		I II III IV V VI	
Banks		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Savings and loan associations		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Loan and/or finance companies		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Manufacturing firms		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Mining companies		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Life insurance companies		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Casualty insurance companies		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Other insurance companies		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
D-4 RETAIL COMPANIES		I II III IV V VI	
Beer companies		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Wine companies		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Liquor companies		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Beverage distributors		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Industry Type	# of Clients	Amount	Individual, Spouse or Both
D-5 ASSOCIATIONS		I II III IV V VI	
Trade		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Professional		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
D-6 OTHER (SPECIFY)		I II III IV V VI	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

SCHEDULE G IMMOVABLE PROPERTY

☐ Check if Not Applicable

A brief description, fair market value or use value (in value ranges by category) as determined by the assessor for purposes of ad valorem taxes, and the address (if no address, then provide the location by state and parish or county), of each parcel of immovable property in which you, or your spouse, either individually or collectively, has an interest provided that the fair market value or use value as determined by the assessor exceeds \$2,000. **VALUE SHALL BE REPORTED BY CATEGORY.**

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Address 1303 Nashville Avenue Street New Orleans City Property Description: personal residence	<div style="text-align: right; margin-bottom: 5px;"> I II III IV V VI </div> Value of Property: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> LA State/Country </div> <div style="width: 45%;"> Suite # 70115 Zip Code </div> </div>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Address Street City Property Description:	<div style="text-align: right; margin-bottom: 5px;"> I II III IV V VI </div> Value of Property: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> State/Country </div> <div style="width: 45%;"> Suite # Zip Code </div> </div>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Address Street City Property Description:	<div style="text-align: right; margin-bottom: 5px;"> I II III IV V VI </div> Value of Property: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> State/Country </div> <div style="width: 45%;"> Suite # Zip Code </div> </div>

SCHEDULE H **INVESTMENT HOLDINGS**

☐ Check if Not Applicable

The name, a brief description, and amount (in value ranges by category) of each investment security having a value exceeding \$1,000 held by you or your spouse, excluding variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash or cash equivalent investments. (NOTE: Exclude any information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.)

Individual, Spouse, or Both	Name of Security	Description	Amount (categories)
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Apple, Inc (AAPL)	common stock	I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Dell, Inc. (DELL)	common stock	I II III IV V VI <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Hewlett Packard (HPQ)	common stock	I II III IV V VI <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Network Appliance (NTAP)	common stock	I II III IV V VI <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Qualcomm, Inc. (QCOM)	common stock	I II III IV V VI <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Regions (RF)	common stock	I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Urban Outfitters (URBN)	common stock	I II III IV V VI <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Whole Foods (WFMI)	common stock	I II III IV V VI <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Isilon (ISLN)	common stock	I II III IV V VI <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Accenture (ACN)	common stock	I II III IV V VI <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

SCHEDULE I TRANSACTIONS

☒ Check if Not Applicable

A brief description, amount (in value ranges by category), and date of any purchase or sale, in excess of \$1,000, of any immovable property AND of any personally owned tax credit certificates, stocks, bonds, or commodities futures, including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures. (NOTE: Exclude variable annuities, variable life insurance, variable universal life insurance.)

Individual, Spouse, or Both	Transaction Date	Description of Transaction	Amount (categories)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

SCHEDULE J LIABILITIES

☒ Check if Not Applicable

The name and address of each creditor, amount, and name of each guarantor, if any, to whom you or your spouse owes any liability which exceeds \$10,000. **AMOUNT SHALL BE REPORTED BY CATEGORY.**

NOTE: Exclude the following:

- any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures it;
- any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business;
- any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the state.

<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	Nature of Liability						
Name of Creditor			I	II	III	IV	V	VI
		Amount:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address								
Street			Suite #					
City			State			Zip Code		
Name of Guarantor (if any)								

<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	Nature of Liability						
Name of Creditor			I	II	III	IV	V	VI
		Amount:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address								
Street			Suite #					
City			State			Zip Code		
Name of Guarantor (if any)								

<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	Nature of Liability						
Name of Creditor			I	II	III	IV	V	VI
		Amount:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address								
Street			Suite #					
City			State			Zip Code		
Name of Guarantor (if any)								

☒ Check if Not Applicable

NAME OF POSITION OR OFFICE HELD:

[illegible]

SCHEDULE L CONTRIBUTIONS

☒ **Check if Not Applicable**

Any filer required to file a La R.S. 42:1124 personal financial disclosure statement and who is directly employed by a statewide elected official to serve as an agency head and who made a contribution in excess of \$1,000 to a campaign of the official who employed the filer shall disclose: 1) the date of employment; 2) his salary; 3) the name of the candidate to whom a contribution or loan in excess of \$1,000 was made; and 4) the amount of any such contribution or loan.

- * Only those contributions or loans made within one (1) year of employment are required to be disclosed.
- * See the instruction page for applicable definitions.

<p>Date of Employment: _____</p> <p>Salary: _____</p>	<p>Candidate Name: _____</p> <p>Amount of contribution or loan: _____</p>
<p>Date of Employment: _____</p> <p>Salary: _____</p>	<p>Candidate Name: _____</p> <p>Amount of contribution or loan: _____</p>
<p>Date of Employment: _____</p> <p>Salary: _____</p>	<p>Candidate Name: _____</p> <p>Amount of contribution or loan: _____</p>
<p>Date of Employment: _____</p> <p>Salary: _____</p>	<p>Candidate Name: _____</p> <p>Amount of contribution or loan: _____</p>
<p>Date of Employment: _____</p> <p>Salary: _____</p>	<p>Candidate Name: _____</p> <p>Amount of contribution or loan: _____</p>
<p>Date of Employment: _____</p> <p>Salary: _____</p>	<p>Candidate Name: _____</p> <p>Amount of contribution or loan: _____</p>